

INSTRUCTIONS

- (1) Use this form to report any changes to information previously submitted pursuant to Practice Book Section 2-27.
 (2) To report ANY changes, items 1 through 3 must be completed in their entirety on the left side using the same information that was last reported.
 (3) For address changes or corrections, complete item 1 in its entirety in the area on the right.
 For Section 2, enter any corrections on the right. If extra space is needed, use back/page 2.
 (4) For Section 5b, enter the account information last reported on the left. Enter new account information or changes on the right and back/page 2, if applicable.)

Enter All Previously Registered Information Here						Enter New or Corrected Information Here					
1. NAME OF ATTORNEY						1. NAME OF ATTORNEY <i>(Include proof of name change)</i>					
FIRM OR BUSINESS NAME <i>(Primary law or business office)</i>						FIRM OR BUSINESS NAME <i>(Primary law or business office)</i>					
OFFICE ADDRESS <i>(Number and street)</i>				P.O. BOX		OFFICE ADDRESS <i>(Number and street)</i>				P.O. BOX	
CITY			STATE	ZIP CODE		CITY			STATE	ZIP CODE	
JUDICIAL DISTRICT(S) OF LAW OFFICE(S) <i>(For Att'y with Connecticut addresses only)</i>						JUDICIAL DISTRICT(S) OF LAW OFFICE(S) <i>(For Att'y with CT addresses only)</i>					
DATE OF BIRTH <i>(Mo., day, yr.)</i>				JURIS NO.		DATE OF BIRTH <i>(Mo., day, year)</i>					
HOME ADDRESS <i>(No., street, city, state, zip code), IF DIFFERENT FROM ABOVE</i>						HOME ADDRESS <i>(No., street, city, state, zip code)</i>					
2. The following is a list of all OTHER jurisdictions (States and District of Columbia only) where I have ever been admitted to practice as a lawyer:						2. The following is a list of all OTHER jurisdictions (States and District of Columbia only) where I have ever been admitted to practice as a lawyer:					
<input type="checkbox"/> NONE		YEAR	STATE	YEAR	STATE	<input type="checkbox"/> NONE		YEAR	STATE	YEAR	STATE
3. I engage in the private practice of law in the State of Connecticut. <input type="checkbox"/> YES <input type="checkbox"/> NOT AT ALL <i>(Stop here and sign at bottom)</i> <input type="checkbox"/> PRO HAC VICE <input type="checkbox"/> RETIRED <i>(Stop here and sign at bottom)</i>						3. I engage in the private practice of law in the State of Connecticut. <input type="checkbox"/> YES <input type="checkbox"/> NOT AT ALL <i>(Stop here, sign at bottom)</i> <input type="checkbox"/> PRO HAC VICE <input type="checkbox"/> RETIRED <i>(Stop here, sign at bottom)</i>					
4. I, individually or through the firm with which I am associated, participate in IOLTA <i>(Interest on Lawyer's Trust Accounts)</i> pursuant to Rule 1.15 of the Rules of Professional Conduct: <input type="checkbox"/> YES <input type="checkbox"/> NO						4. I, individually or through the firm with which I am associated, participate in IOLTA <i>(Interest on Lawyer's Trust Accounts)</i> pursuant to Rule 1.15 of the Rules of Professional Conduct: <input type="checkbox"/> YES <input type="checkbox"/> NO					
5a. I do NOT maintain a fiduciary account. <input type="checkbox"/> <i>("X" here)</i>						5a. I do NOT maintain a fiduciary account. <input type="checkbox"/> <i>("X" here)</i>					
5b. I, individually or through the firm with which I am associated, maintain the following fiduciary account(s) in which the funds of more than one client are kept in the financial institution(s) specified on the continuation page. <i>(See P.B. § 2-28(c)) (To be completed only if answer to 3 is "yes" or "pro hac vice". (If no account is maintained leave blank; Associate and Of Counsel list firm information.)</i>						5b. I, individually or through the firm with which I am associated, maintain the following fiduciary account(s) in which the funds of more than one client are kept in the financial institution(s) specified on the continuation page. <i>(See P.B. § 2-28(c)) (To be completed only if answer to 3 is "yes" or "pro hac vice". (If no account is maintained leave blank; Associate and Of Counsel list firm information.)</i>					

CERTIFICATION

I certify that the information provided is true. If any statements are willfully false, I realize I am subject to discipline by the Superior Court.	ATTORNEY'S SIGNATURE <div style="font-size: 2em; text-align: center;">X</div>	DATE
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Retain a copy for your records and mail original to: **STATEWIDE GRIEVANCE COMMITTEE, ATTORNEY REGISTRATION,**
2nd Floor, Suite Two, 287 Main Street, East Hartford, CT 06118-1885

NAME OF ATTORNEY (From page 1)

JURIS NO. (From page 1)

Enter All Previously Registered Information Here	
ACCT. NO.:	
FINANCIAL INSTIT.:	
CITY:	

Enter New or Corrected Information Here	
ACCT. NO.:	
FINANCIAL INSTIT.:	
CITY:	

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